

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | |
|--|---|
| PLAINTIFF | COURT CASE NUMBER |
| Ralph Rodriguez | 7:22-cv-10056-PMH - 10 |
| DEFENDANT | TYPE OF PROCESS |
| Burnett et al | Summons & Complaint |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | |
| SERVE | OSI Member: Shawn Hanley |
| AT | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) DOCCS OSI, The Harriman State Campus 1220 Washington Avenue Albany, NY 12226-2050 |

| | |
|--|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be served with this Form 285 |
| Ralph Rodriguez 17-A-0928 Fishkill Correctional Facility P.O. Box 307 Housing Unit 9-1 Beacon, NY 12508 | Number of parties to be served in this case |
| | Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

| | | | |
|--|------------------------------------|------------------|----------|
| Signature of Attorney other Originator requesting service on behalf of | <input type="checkbox"/> PLAINTIFF | TELEPHONE NUMBER | DATE |
| Tanuj Arora | <input type="checkbox"/> DEFENDANT | | 5/2/2023 |

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|------------------------|-------------------------------|------------------------------|---|-------------------|
| I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i> | Total Process 10/22 | District of Origin No. 054 | District to Serve No. 052 | Signature of Authorized USMS Deputy or Clerk <i>K. Stutler</i> | Date 7/20/2023 |
|--|------------------------|-------------------------------|------------------------------|---|-------------------|

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | | | |
|---|--------------------|--------------|---|
| Name and title of individual served <i>(if not shown above)</i> | Date 07/18/2023 | Time 1545 | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
|---|--------------------|--------------|---|

| | |
|---|---|
| Address <i>(complete only different than shown above)</i> | Signature of U.S. Marshal or Deputy <i>M. Hall</i> |
|---|---|

Costs shown on attached USMS Cost Sheet

REMARKS *the above legal Counsel refused to accept.*